


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

04 JUL 20 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000002029

1. Corporation Name
Fraternidad medica 1951
"Los Tigers", INC.

2. Principal Office Address
5447 SW 149 Place
Suite, Apt. #, etc.

3. Mailing Office Address
5447 SW 149 PL
Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip
33185 Country
USA

Zip
33185 Country
USA

REINSTATEMENT 01-04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-1012829

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Dr. Agustin Garcia

Street Address (P.O. Box Number is Not Acceptable)
5447 SW 149 PLACE

Suite, Apt. #, Etc.

City
Miami, FL

State
FL

Zip Code
33185

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Agustin Garcia

REGISTERED AGENT MUST SIGN

Date 7/13/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Dr. Agustin Garcia	5447 SW 149 PL	Miami, FL 33185
VSD	Dr. Florencio Roig	3190 SW 55 CT	Miami, FL 33165
T	Dr. Frank Carreno	26010 Highland Lakes Blvd	N. MIA Bch, FL 33179
S	Tamara-Garcia Sumariva	1769 SW 138 Avenue	Miami, FL 33125

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Agustin Garcia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/13/04

Daytime Phone #

CR2E081 (01/04)